



Exhibit 5: SoonerCare Traditional Low Acuity Non-Emergent (LANE) Analysis Results
Source: Oklahoma Health Care Authority Medicaid Management Information System, July 2012 - December 2013

Category of Aid Grouping ¹	Total ED Dollars ^{2,4}	LANE Dollars ⁴	al Potentially reventable Dollars ⁴	Pro	Equivalent ovider Office Costs ^{3,4}	t Potentially reventable Dollars⁴	Net Potentially Preventable Percent
ABD	\$ 22,337,343	\$ 9,643,118	\$ 1,736,052	\$	1,638,179	\$ 97,872	0.4%
BCC	\$ 198,495	\$ 121,292	\$ 16,087	\$	8,108	\$ 7,979	4.0%
Family Planning	\$ 12,344	\$ 7,937	\$ 1,635	\$	1,036	\$ 599	4.9%
Insure Oklahoma	\$ 3,076,612	\$ 1,775,845	\$ 296,077	\$	115,006	\$ 181,071	5.9%
TANF	\$ 23,634,169	\$ 14,177,154	\$ 3,120,372	\$	1,308,325	\$ 1,812,047	7.7%
TEFRA	\$ 7,379	\$ 4,021	\$ 706	\$	376	\$ 329	4.5%
OTHER	\$ 40.592	\$ 14.392	\$ 2.831	\$	1.436	\$ 1.395	3.4%
Total	\$ 49.306.934	\$ 25.743.760	\$ 5.173.759	\$	3.072.467	\$ 2.101.292	4.3%

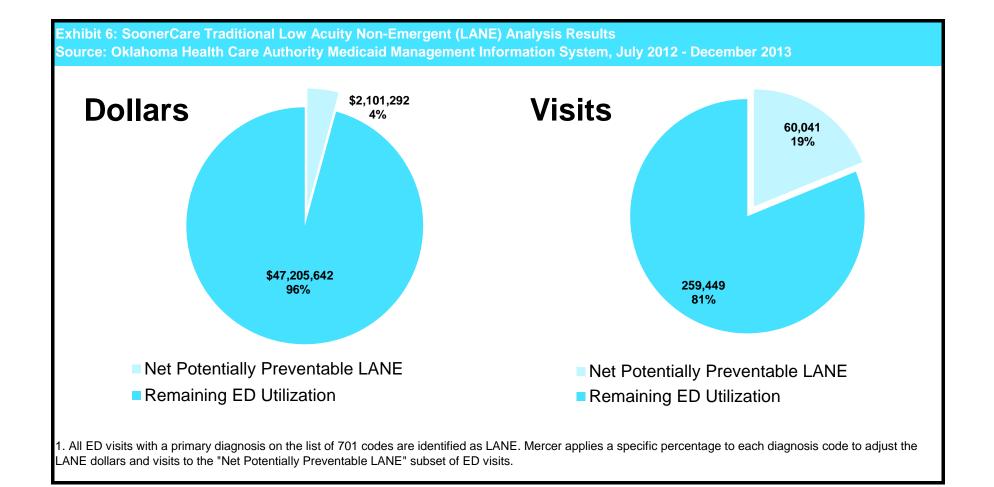
Category of Aid Grouping	Total ED Visits ⁴	LANE Visits ⁴	Potentially Preventable Visits ⁴	Preventable Visits as % of Total ED	Total ED Utilization per 1,000	Adjusted Utilization per 1,000
ABD	212,525	85,691	33,191	15.6%	1,266.4	1,068.6
BCC	579	367	150	25.9%	910.9	675.1
Family Planning	84	48	19	22.7%	1.2	0.9
Insure Oklahoma	8,925	5,841	2,185	24.5%	201.0	151.8
TANF	97,213	65,390	24,464	25.2%	627.4	469.5
TEFRA	35	18	7	19.8%	117.4	94.2
OTHER	129	68	26	20.5%	4.0	3.2
Total	319,490	157,423	60,041	18.8%	676.5	549.4

^{1.} Grouping criteria established by OHCA. Members with multiple aid categories were assigned to only one grouping. "ABD" (Aged, Blind, and Disabled), "BCC" (Breast and Cervical Cancer), Family Planning, Insure Oklahoma, "TANF" (Temporary Assistance to Needy Families) and "TEFRA" (Tax Equity and Fiscal Responsibility Act of 1982). "Other" includes individuals whose aid category information did not meet the criteria for inclusion in one of the six aid categories, based on criteria from OHCA.

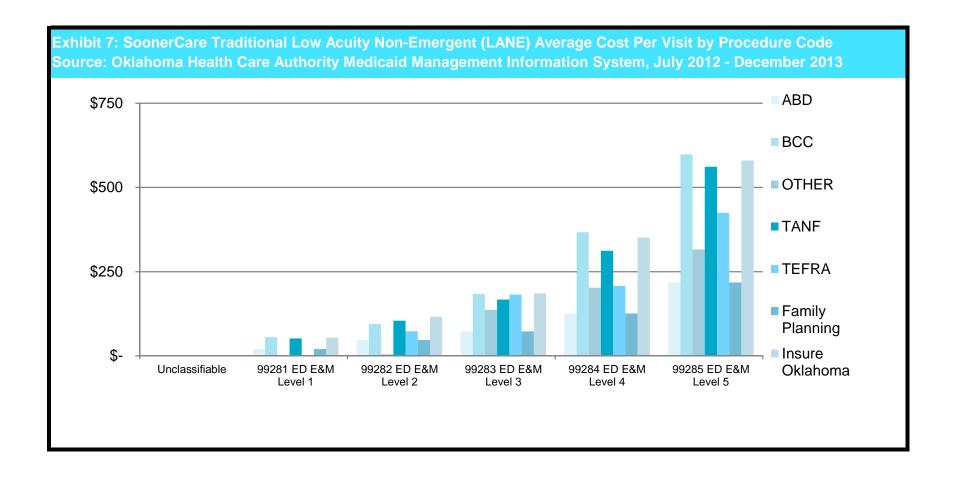
^{2.} Dollars represent the combined cost of all claims for a member for the same facility and date of service and includes both facility charges and professional fees.

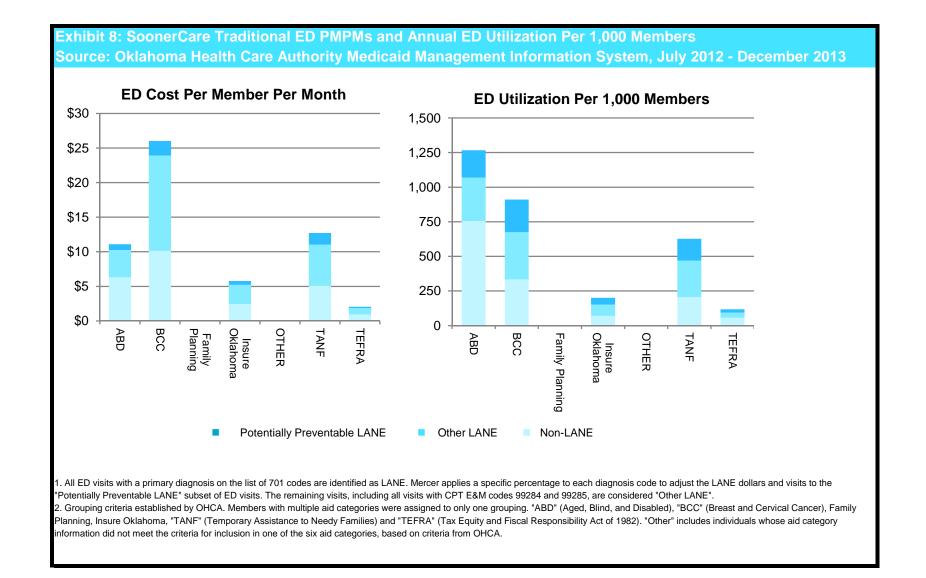
^{3.} Provider office visits costs are based on the average cost of 99201-99215 procedures during the review period. The calculation is limited to six visits per member in the 18 month span.

^{4. &}quot;Total ED" includes all visits regardless of diagnosis. "LANE" includes only those visits with a LANE diagnosis. "Potentially Preventable" visits are a subset of "LANE" visits, and are determined using specific percentages based on the severity and medical complexity of the diagnosis. "Net Potentially Preventable Dollars" is the cost of "Potentially Preventable" LANE visits after deducting the "Equivalent Physician Office Costs".

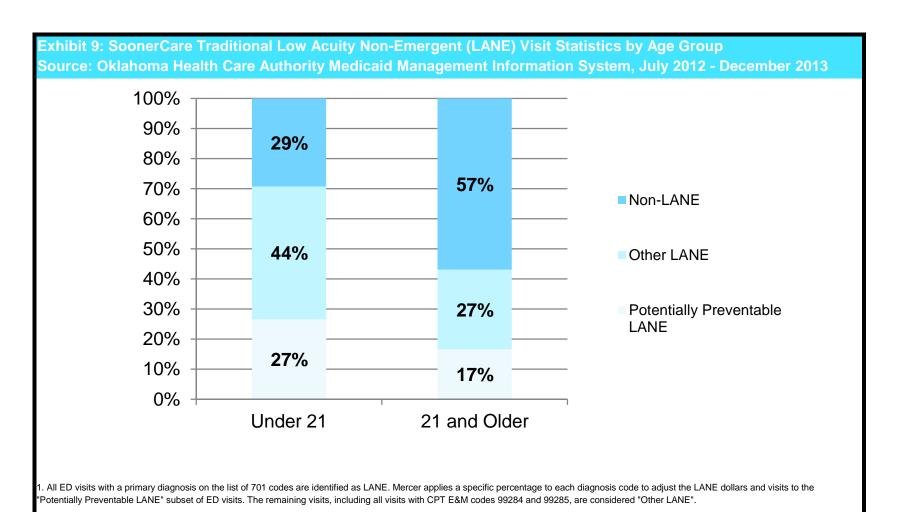






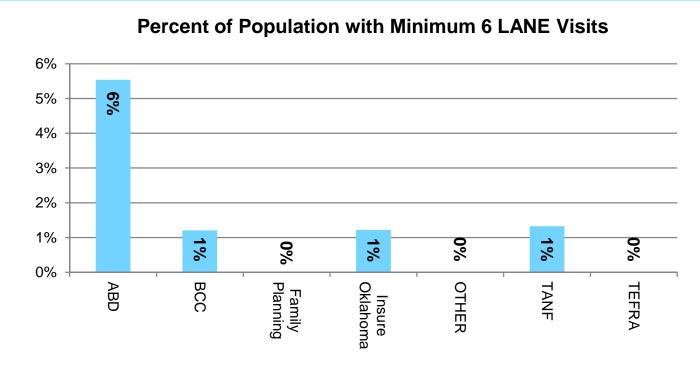












1. All ED visits with a primary diagnosis on the list of 701 codes are identified as LANE.

2. Grouping criteria established by OHCA. Members with multiple aid categories were assigned to only one grouping. "ABD" (Aged, Blind, and Disabled), "BCC" (Breast and Cervical Cancer), Family Planning, Insure Oklahoma, "TANF" (Temporary Assistance to Needy Families) and "TEFRA" (Tax Equity and Fiscal Responsibility Act of 1982). "Other" includes individuals whose aid category information did not meet the criteria for inclusion in one of the six aid categories, based on criteria from OHCA.



Exhibit 11: SoonerCare Traditional Top 20 Low Acuity Non-Emergent (LANE) Diagnoses by Count of Visits Source: Oklahoma Health Care Authority Medicaid Management Information System, July 2012 - December 2013

ICD-9 Code	Description	Count of Visits Associated with Diagnosis	Sum of Dollars Associated with Diagnosis
599.0	UTI SITE NOT SPECIFIED	5,829	
465.9	ACUTE URIS OF UNSPECIFIED SITE	5,787	
789.00	ABDOMINAL PAIN, UNSPECIFIED SITE	5,039	· ·
382.9	UNSPECIFIED OTITIS MEDIA	4,330	\$ 648,303
784.0	HEADACHE	3,879	\$ 738,005
462	ACUTE PHARYNGITIS	3,509	\$ 530,257
724.2	LUMBAGO	3,008	\$ 345,683
558.9	UNS NONINF GASTROENTERIT&COLITIS	2,435	\$ 503,775
490	BRONCHITIS NOT SPEC AS ACUT/CHRONIC	2,432	\$ 370,161
729.5	PAIN IN SOFT TISSUES OF LIMB	2,420	\$ 290,658
466.0	ACUTE BRONCHITIS	2,328	\$ 362,147
845.00	UNSPEC SITE ANKLE SPRAIN&STRAIN	2,228	\$ 313,512
787.01	NAUSEA WITH VOMITING	2,208	\$ 422,141
780.60	FEVER, UNSPECIFIED	2,200	\$ 436,843
724.5	UNSPECIFIED BACKACHE	2,039	\$ 240,422
789.09	ABDOMINAL PAIN OTHER SPECIFIED SITE	1,977	\$ 509,648
346.90	UNS MIGRAINE W/O INTRACT MIGRAINE	1,889	\$ 295,495
682.6	CELLULITIS&ABSCESS LEG EXCEPT FOOT	1,883	\$ 237,984
486	PNEUMONIA, ORGANISM UNSPECIFIED	1,847	\$ 408,694
787.03	VOMITING ALONE	1,816	\$ 349,056
	Total of Top 20 Diagnoses:	59,083	\$ 10,136,977



^{1.} Represents visits for all age groups and aid categories.

^{2.} The total LANE utilization, including diagnoses not shown here, is 612,769 visits and \$149,135,722.

Exhibit 12: SoonerCare Choice Low Acuity Non-Emergent (LANE) Analysis Results
Source: Oklahoma Health Care Authority Medicaid Management Information System, July 2012 - December 2013

Category of Aid Grouping ¹	Total ED Dollars ^{2,4}	LANE Dollars ⁴	al Potentially Preventable Dollars ⁴	Equivalent ovider Office Costs ^{3,4}	t Potentially reventable Dollars ⁴	Net Potentially Preventable Percent
ABD	\$ 29,249,247	\$ 16,042,033	\$ 3,005,395	\$ 1,824,236	\$ 1,181,159	4.0%
BCC	\$ 147,941	\$ 77,733	\$ 8,348	\$ 7,039	\$ 1,309	0.9%
Family Planning	\$ 202	\$ 202	\$ 132	\$ 61	\$ 71	35.1%
Insure Oklahoma	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
TANF	\$ 119,716,599	\$ 80,430,743	\$ 17,933,935	\$ 12,401,499	\$ 5,532,436	4.6%
TEFRA	\$ 16,272	\$ 7,128	\$ 1,284	\$ 1,375	\$ -	0.0%
OTHER	\$ 5,459	\$ 4,207	\$ 1,157	\$ 803	\$ 354	6.5%
Total	\$ 149.135.722	\$ 96.562.046	\$ 20.950.250	\$ 14.235.012	\$ 6.715.238	4.5%

Category of Aid Grouping	Total ED Visits ⁴	LANE Visits ⁴	Potentially Preventable Visits ⁴	Preventable Visits as % of Total ED	Total ED Utilization per 1,000	Adjusted Utilization per 1,000
ABD	93,549	58,899	22,690	24.3%	1,395.3	1,056.8
BCC	385	214	78	20.3%	853.8	680.5
Family Planning	1	1	1	65.0%	444.4	155.6
Insure Oklahoma	-	-	-	0.0%	-	-
TANF	518,722	378,967	139,163	26.8%	758.1	554.7
TEFRA	85	44	15	17.4%	224.3	185.3
OTHER	27	21	11	39.4%	408.1	247.1
Total	612.769	438.146	161.957	26.4%	814.7	599.3

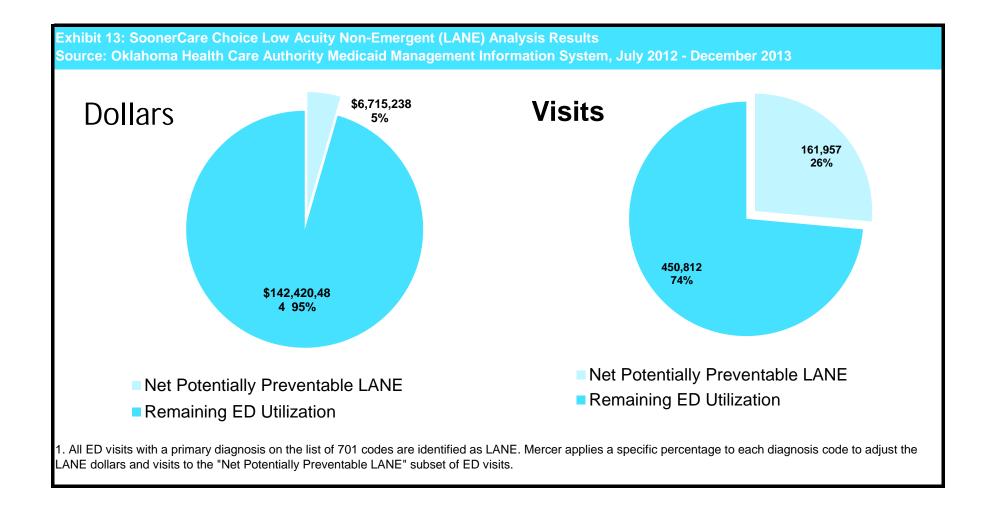
^{1.} Grouping criteria established by OHCA. Members with multiple aid categories were assigned to only one grouping. "ABD" (Aged, Blind, and Disabled), "BCC" (Breast and Cervical Cancer), Family Planning, Insure Oklahoma, "TANF" (Temporary Assistance to Needy Families) and "TEFRA" (Tax Equity and Fiscal Responsibility Act of 1982). "Other" includes individuals whose aid category information did not meet the criteria for inclusion in one of the six aid categories, based on criteria from OHCA.



^{2.} Dollars represent the combined cost of all claims for a member for the same facilty and date of service and includes both facility charges and professional fees.

^{3.} Provider office visits costs are based on the average cost of 99201-99215 procedures during the review period. The calculation is limited to six visits per member in the 18 month span.

^{4. &}quot;Total ED" includes all visits regardless of diagnosis. "LANE" includes only those visits with a LANE diagnosis. "Potentially Preventable" visits are a subset of "LANE" visits, and are determined using specific percentages based on the severity and medical complexity of the diagnosis. "Net Potentially Preventable Dollars" is the cost of "Potentially Preventable" LANE visits after deducting the "Equivalent Physician Office Costs".



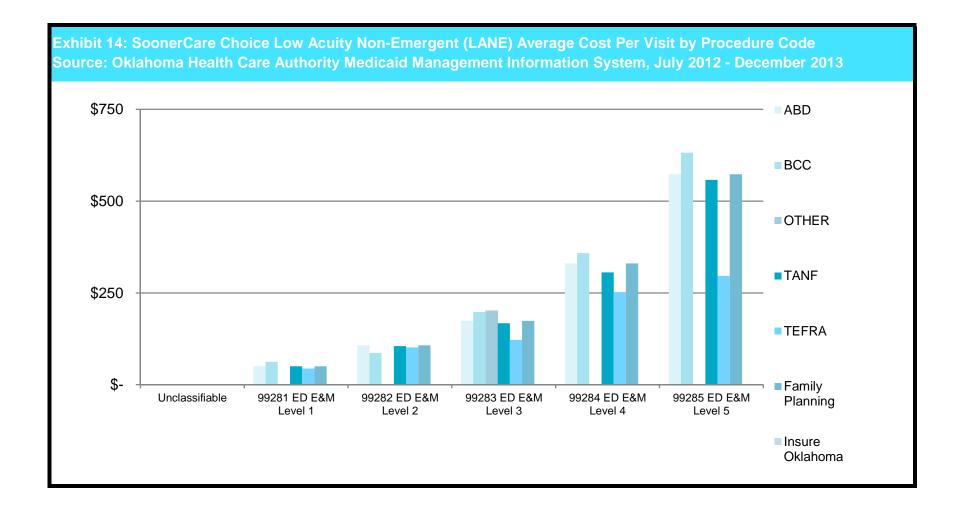
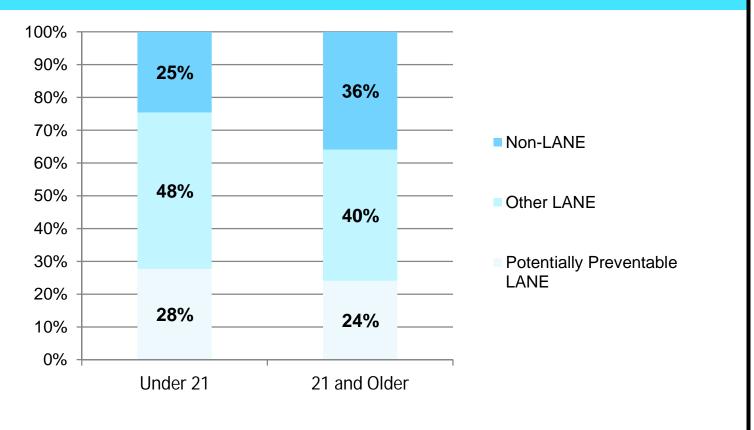


Exhibit 15: SoonerCare Choice ED PMPMs and Annual ED Utilization Per 1,000 Members Source: Oklahoma Health Care Authority Medicaid Management Information System, July 2012 - December 2013 **ED Cost Per Member Per Month ED Utilization Per 1,000 Members** \$40 1,500 \$35 1,250 \$30 1,000 \$25 \$20 750 \$15 500 \$10 250 \$5 \$0 0 всс Family Planning Insure Oklahoma OTHER TANF **TEFRA** ABD ВСС Family Planning Insure Oklahoma OTHER ABD TANF **TEFRA** Potentially Preventable LANE Other LANE Non-Lane 1. All ED visits with a primary diagnosis on the list of 701 codes are identified as LANE. Mercer applies a specific percentage to each diagnosis code to adjust the LANE dollars and visits to the "Potentially Preventable LANE" subset of ED visits. The remaining visits, including all visits with CPT E&M codes 99284 and 99285, are considered "Other LANE". 2. Grouping criteria established by OHCA. Members with multiple aid categories were assigned to only one grouping. "ABD" (Aged, Blind, and Disabled), "BCC" (Breast and Cervical Cancer), Family Planning, Insure Oklahoma, "TANF" (Temporary Assistance to Needy Families) and "TEFRA" (Tax Equity and Fiscal Responsibility Act of 1982). "Other" includes individuals whose aid category information did not meet the criteria for inclusion in one of the six aid categories, based on criteria from OHCA.







1. All ED visits with a primary diagnosis on the list of 701 codes are identified as LANE. Mercer applies a specific percentage to each diagnosis code to adjust the LANE dollars and visits to the "Potentially Preventable LANE" subset of ED visits. The remaining visits, including all visits with CPT E&M codes 99284 and 99285, are considered "Other LANE".

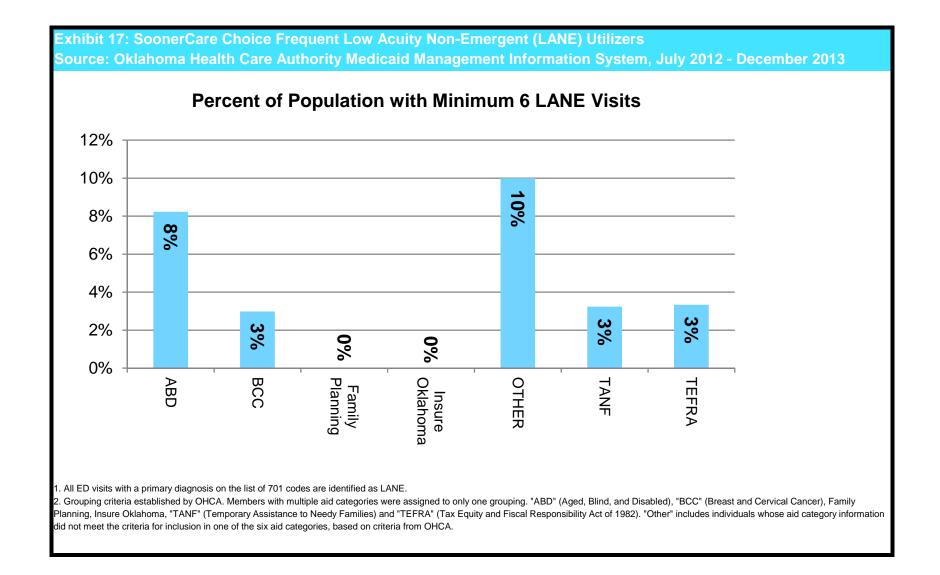




Exhibit 18: SoonerCare Choice Top 20 Low Acuity Non-Emergent (LANE) Diagnoses by Count of Visits Source: Oklahoma Health Care Authority Medicaid Management Information System, July 2012 - December 2013

ICD-9 Code	Description	Count of Visits Associated with Diagnosis	Sum of Dollars Associated with Diagnosis
465.9	ACUTE URIS OF UNSPECIFIED SITE	32,792	\$ 5,611,842
382.9	UNSPECIFIED OTITIS MEDIA	27,221	\$ 4,441,615
462	ACUTE PHARYNGITIS	15,750	\$ 2,711,413
780.60	FEVER, UNSPECIFIED	14,410	\$ 2,983,537
599.0	UTI SITE NOT SPECIFIED	10,879	\$ 3,244,099
789.00	ABDOMINAL PAIN, UNSPECIFIED SITE	10,502	\$ 3,834,786
079.99	UNSPEC VIRAL INF CCE & UNS SITE	8,517	\$ 1,555,580
787.03	VOMITING ALONE	7,888	\$ 1,705,499
558.9	UNS NONINF GASTROENTERIT&COLITIS	7,812	\$ 1,958,946
784.0	HEADACHE	7,812	\$ 2,435,007
493.92	ASTHMA NOS W/ACUTE EXACERBATION	7,005	\$ 2,009,409
845.00	UNSPEC SITE ANKLE SPRAIN&STRAIN	6,516	\$ 1,246,905
490	BRONCHITIS NOT SPEC AS ACUT/CHRONIC	6,067	\$ 1,272,824
466.0	ACUTE BRONCHITIS	6,053	\$ 1,383,923
787.01	NAUSEA WITH VOMITING	5,526	\$ 1,464,960
486	PNEUMONIA, ORGANISM UNSPECIFIED	5,206	\$ 1,566,119
782.1	RASH&OTH NONSPECIFIC SKIN ERUPTION	4,793	\$ 684,877
920	CONTUS FACE SCALP&NECK EXCEPT EYE	4,783	\$ 1,041,845
648.93	OTH CURRENT MATERNAL CCE ANTEPARTUM	4,710	\$ 1,136,676
692.9	CONTCT DERMATIT&OTH ECZEMA-UNS CAUS	4,621	\$ 700,990
	Total of Top 20 Diagnoses:	198,863	\$ 42,990,852

^{1.} Represents visits for all age groups and aid categories.



^{2.} The total LANE utilization, including diagnoses not shown here, is 612,769 visits and \$149,135,722.